as well as histologically assessed disease severity (using the Gomes scoring system).

Results Arachidonic acid (AA), but not eicosapentaenoic acid (EPA), derived eicosanoids (prostaglandin (PG)E_2, PGD_2, thromboxaneB_2, 5-hydroxy-eicosatetraenoic acid (HETE), 11-HETE, 12-HETE and 15-HETE), were significantly ($p < 0.001$) higher in inflamed than non-inflamed mucosa and their concentrations correlated to histological severity.

Conclusion There is an upregulation of AA derived inflammatory mediators in UC. This research suggests new eicosanoid targets for research and therapeutic intervention.

Disclosure of Interest None Declared

PTU-067 DUAL-ENERGY X-RAY ABSORPTIOMETRY UTILITY IN INFLAMMATORY BOWEL DISEASE: BSG, FRAX, NOGG OR NICE?

doi:10.1136/gutjnl-2013-304907.159

[1]S Ah-Moye, [1,*]D Chan, [1]J-Y Kang, [1]R Pollok, [1]P Neild, [2]K Moss, [1]A Poullis. *[1]Department of Gastroenterology; [2]Department of Rheumatology, St George's Hospital, London, UK*

Introduction Patients with inflammatory bowel disease (IBD) have a 40% higher risk of osteoporotic fractures than the general population. In 2007 the British Society of Gastroenterology (BSG) produced Guidelines for Osteoporosis in Inflammatory Bowel Disease and Coeliac Disease. In 2008 the World Health Organization created the Fracture Risk Assessment (FRAX) tool, to assess the risk of fracture in an individual aged 40 years or over. The National Osteoporosis Guideline Group (NOGG) was subsequently established to provide guidelines for the management of patient's after assessment with FRAX. In August 2012 the National Institute for Health and Clinical Excellence (NICE) published their recommendations. This study aims to compare these guidelines in IBD patients and recommendations for dual-energy X-ray absorptiometry (DXA) scan.

Methods Over a four-month period, IBD patients attending the Gastroenterology Departments' of St. George's and Queen Mary's Hospital were identified. Convenience sampling was used; all IBD patients encountered in these clinics were asked to participate. Patients were asked to complete a questionnaire, gathering information required for the BSG, NOGG and NICE osteoporosis guidelines. The BSG and NICE guidance, were used in all patients. Additional assessment with NOGG guidance were used in patients 40 years and over. The recommendation for DXA scan or not were noted.

Results 153 patients were included in the study. 73 were men and 80 were women. The mean age was 42 years with an age range of 17 to 82 years.

The BSG guidelines were applicable to the entire patient group. 100 patients (65.3%) were recommended a DXA scan and 53 (34.6%) were not. The NICE guidelines were applicable to the whole patient group; with 37 (24.1%) recommended a DXA scan and 83 (54.2%) not.

In patients over 40 years of age there was good concurrence between all guidelines recommending a DXA scan. The BSG guidance recommended 44 patients (63.7%), NOGG recommended 42 patients (60.8%) and NICE recommended 42 patients (60.8%). In the group less than 40 years of age, the BSG guidance recommended 56 patients (66.6%) and NICE recommended 28 (33.3%) to have a DXA scan.

Conclusion There are a number of assessment tools available to assess the risk of osteoporosis in IBD patients and identify those who should have a DXA carried out. Our study has shown that in patients 40 years and over there is a reasonable concurrence between all of these assessments. For the age group less than 40 years there appeared to be less concordance. These assessment tools need to be compared further to DXA scan results, to establish the best assessment tool for IBD patients and when to commence osteoporosis treatment.

Disclosure of Interest None Declared

PTU-068 PATIENT AWARENESS OF IMMUNISATION GUIDELINES IN INFLAMMATORY BOWEL DISEASE

doi:10.1136/gutjnl-2013-304907.160

[1]K Amir, [1,*]D Chan, [1]J-Y Kang, [1]R Pollok, [1]P Neild, [1]A Poullis. *[1]Department of Gastroenterology, St George's Hospital, London, UK*

Introduction Immunomodulator agents are commonly employed in the management of inflammatory bowel disease (IBD). These can increase the risk for opportunistic infections. This study aims to assess patient awareness for the need for appropriate immunisations, as outlined in published guidelines by the European Crohn's and Colitis Organisation (ECCO) [1].

Methods Over a four-month period, IBD patients attending the Gastroenterology Departments' of St. George's Hospital and Queen Mary's Hospital were identified. Convenience sampling was used; all IBD patients encountered in these clinics were asked to participate. Patients were asked to complete a questionnaire, gathering information about their disease and immunisation awareness.

Results 135 patients participated in the study. 73 patients were male. Mean age was 43 years (with the range being 19–82 years). 53 patients had ulcerative colitis, 73 had crohn's disease and 9 were unsure of their diagnosis. Mean time since diagnosis was 8 years.

18 patients (13.3%) were currently receiving no drug therapy. 34 (25.1%) were being treated with immunomodulator agents (azathioprine, 6-mercaptopurine, methotrexate or cyclosporin). 4 patients (2.9%) were solely receiving biologics (infliximab or adalimumab), and 46 patients (34.0%) were on 5-aminosalicylic acids (5-ASAs) only. 27 patients (20%) were on a combination of thiopurines and 5-ASA therapy, and 6 patients (4.4%) were on a combination of infliximab, azathioprine and 5-ASA. Prednisolone therapy had been taken at some stage of treatment by 72 patients (53.3%).

The majority of patients were not aware if they had been screened at diagnosis for the specific infections outlined by ECCO. Of the total 135 patients the following were aware that they had undergone screening: 4 (2.9%) for varicella zoster virus (VSV), 1 (1.9%) for hepatitis B virus (HBV), 3 (2.2%) for human immunodeficiency virus (HIV), 2 (1.4%) for hepatitis C virus (HCV) and 15 (11.1%) for tuberculosis (TB).

Of the 135 patients: 4 (2.9%) recalled been offered immunisation against VZV, 16 (11.8%) against HBV, 51 (37.7%) against influenza, 33 (24.4%) against pneumococcus and none against human papilloma virus.

98 (72%) patients had not had any discussions with their General Practitioner about immunisations, 45 (33%) had read the immunisation advice distributed to all IBD patients from clinic.

Conclusion Our findings show that IBD patients are largely unaware of recommendations by ECCO regarding immunisation. Patient awareness needs to be increased regarding opportunistic infections and prevention with immunisations. A patient awareness campaign to educate IBD patients has been started in our clinics.

Disclosure of Interest None Declared

REFERENCE

1. European Crohn's and Colitis Organisation (ECCO) guidelines (2009). http://www.ecco-ibd.tv/index.php/publications/ecco-guidelines

PTU-069 THE EFFECT OF FAECAL CALPROTECTIN ON THE USE OF COLONOSCOPY AT LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST

doi:10.1136/gutjnl-2013-304907.161

[1,*]E Shuttleworth, [1]A Poppleton, [1]E Lim, [1]A Sharma. *[1]Dept of Gastroenterology, Lancashire Teaching Hospitals NHS Foundation Trust, Preston, UK*

Introduction Faecal calprotectin is a sensitive measure of neutrophilic intestinal inflammation; use in gastroenterological screening